

PLACEMENT / REVIEW OF OFFENDER MENTAL HEALTH OBSERVATION

Instructions: PSU staff complete this form for initial mental health placements and for reviews.

OFFENDER NAME Conner, Eric	DOC NUMBER 420475	FACILITY WSPF
SECURITY STAFF SUPERVISING PLACEMENT Lt. Scullion	PSU STAFF APPROVING PLACEMENT Ms. Lemieux	DATE OF PLACEMENT 2/13/17
TIME OF PLACEMENT 5:50 pm		
TYPE OF REVIEW	REASON FOR PLACEMENT	
<input checked="" type="checkbox"/> Initial Placement <input type="checkbox"/> Follow-up Review	<input checked="" type="checkbox"/> Dangerous to Self <input type="checkbox"/> Mentally Ill and Dangerous to Self or Others	

DESCRIPTION OF OFFENDER BEHAVIOR THAT RESULTED IN INITIAL PLACEMENT

According to security staff Mr. Conner placed a noose around his neck and was attempting to hang himself.

CURRENT MENTAL STATUS EVALUATION

DATE N/A TIME N/A

Mr. Conner was placed in observation status during non-PSU working hours. Per security staff Mr. Conner appeared highly agitated and was not complying with staff. Mr. Conner was initially authorized a security mat, toilet paper and obs. styro meals. No other property was initially authorized due to his attempt to harm himself by making a noose.

DECISION

<input checked="" type="checkbox"/> Place in Observation <input type="checkbox"/> Continue in Observation	<input checked="" type="checkbox"/> Close (15 Minute Checks) <input type="checkbox"/> Constant (1:1 Observation)
<input type="checkbox"/> Release from Observation	<input checked="" type="checkbox"/> Document allowed property on DOC-112
<input type="checkbox"/> Document release on DOC-112 Date / Time of Release	

REASON FOR DECISION / TREATMENT PLAN

Mr. Conner made a noose and attempted to hang himself. He was placed in observation status to help reduce his risk of self-harm and so staff could closely monitor his behavior. He was initially authorized minimal property due to his attempt to harm himself by making a noose. At approximately 9:30pm Mr. Conner was given a security smock as it was reported he appeared calmer than earlier in the evening. At approximately 11:20pm he was given a blanket.

SIGNATURE OF PSU STAFF MEMBER <i>Maria Lemieux</i>	PRINT NAME AND TITLE Maria Lemieux, MS, LPC Psychological Associate	DATE SIGNED 2/20/17
SUPERVISOR SIGNATURE (IF NEEDED) <i>Steen, Ph.D.</i>	PRINT NAME AND TITLE Dr. S. Hoem Licensed Psychologist	DATE SIGNED 3.15.17

NOTICE TO OFFENDER: You have the right to appeal your placement or continuation in observation to the Administrator of the Division of Adult Institutions when:

You are in observation status and have not been evaluated by a member of the psychological services staff or a physician within 2 working days, or you have been in observation for dangerousness to self for at least 30 days and wish to challenge the psychologist's written "Review of Dangerousness to Self" decision.

Exhibit 1

(Handwritten scribbles and signatures)

PLACEMENT / REVIEW OF OFFENDER MENTAL HEALTH OBSERVATION

Instructions: PSU staff complete this form for initial mental health placements and for reviews.

OFFENDER NAME CONNER, Eric		DOC NUMBER 420475	FACILITY WSPF
SECURITY STAFF SUPERVISING PLACEMENT Lt. Scullion	PSU STAFF APPROVING PLACEMENT Dr. Hoem	DATE OF PLACEMENT 3/03/17	TIME OF PLACEMENT 9:00 AM
TYPE OF REVIEW		REASON FOR PLACEMENT	
<input checked="" type="checkbox"/> Initial Placement <input type="checkbox"/> Follow-up Review		<input checked="" type="checkbox"/> Dangerous to Self <input type="checkbox"/> Mentally Ill and Dangerous to Self or Others	

DESCRIPTION OF OFFENDER BEHAVIOR THAT RESULTED IN INITIAL PLACEMENT

While at outside recreation, Mr. Conner attempted to hang himself with a towel that he had hid on himself.

CURRENT MENTAL STATUS EVALUATION

DATE 3/03/17 TIME 9:25am

Mr. Conner was seen at cell front on Alpha unit. He would not really speak with this staff member about his behavior or if he had been planning this behavior. Mr. Conner only stated that he was having thoughts of self-harm and "can't be in prison." This clinician attempted to get Mr. Conner to engage in further discussion, but he was not willing to talk with PSU. He did interact and talk with security staff and unit staff. Mr. Conner was alert and oriented to time, person, place and situation. His affect was calm. No signs or complaints of sensory disturbance. Mr. Conner was initially only authorized to have a segregation mattress, toilet paper, and stryomeals based on the nature of his self-harm and concerns for continued self-harm attempts in this status, as he has done in the past.

DECISION

☒ Place in Observation ☐ Continue in Observation ☒ Close (15 Minute Checks) ☐ Constant (1:1 Observation)
☒ Document allowed property on DOC-112
☐ Release from Observation ☐ Document release on DOC-112 Date / Time of Release

REASON FOR DECISION / TREATMENT PLAN

Mr. Conner was just released from clinical observation status yesterday. This morning he attempted to harm himself and made a comment to an officer that he would keep trying if PSU released him. As such, Mr. Conner was placed in clinical observation status so that unit staff can more closely monitor his behavior and reduce the risk of self-harm.

SIGNATURE OF PSU STAFF MEMBER <i>S. Hoem, Ph.D.</i>	PRINT NAME AND TITLE S. Hoem, Ph.D., Licensed Psychologist	DATE SIGNED 3/22/17
SUPERVISOR SIGNATURE (IF NEEDED)	PRINT NAME AND TITLE "Exhibit 2"	DATE SIGNED

NOTICE TO OFFENDER: You have the right to appeal your placement or continuation in observation to the Administrator of the Division of Adult Institutions when:

You are in observation status and have not been evaluated by a member of the psychological services staff or a physician within 2 working days, or you have been in observation for dangerousness to self for at least 30 days and wish to challenge the psychologist's written "Review of Dangerousness to Self" decision.

DISTRIBUTION: Original - PSU Record, Observation/Restraint/Segregation Review Section; Copy - Security; Copy - (for initial placements) Medical Chart, Psychological Records (Copies) Envelope; Copy -- (for initial placements) - Offender

MAR 03 2017

3-2-17

From: Eric Conner # 420475
To: Hsu Manager.

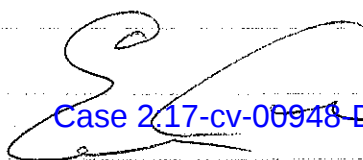
Dear Hsu Manager:

I was told by nurse Woods on 3-1-17, Per You, that I could not receive my Foot Cream or Skin lotion while I was on Observation Status. My feet gets really dry skin cracks and hurts. If I'm not given these creams. Regardless of my status, to not given me these medical creams for a medical problem is deliberate Indifference, a violation of my prisoner rights.

I just came out of observation after being on it since 2-13-17. I will be going back on on 3-3-17. I would like for you to give the OK to all nurses just like Capt. Esler was, to allow me to receive these creams

"Exhibit 3"

(~~Handwritten signature~~)



LOCATION / TIME RECORD

DESCRIPTION / LOCATION AND/OR TREATMENT	HRS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DermaDaily Lotion Apply Affected Areas (PRN) 11.30.17	PRN																	NE	SA	BE	SA	BE										
Mincam Cream Daily AS needed 7.11.17	PRN																	NE	SA	BE	SA	BE										
Mouth-Kote 2 spray (PRN) 8-10.17	PRN																	NE	SA	BE	SA	BE										
Lactaid 1 tab TID AC (PRN)	PRN																	NE	SA	BE	SA	BE										
Triamcinolone 0.1% BID (PRN)	PRN																	NE	SA	BE	SA	BE										
Mel-Stir 2 spray PRN As needed 3-25-17	PRN																	NE	SA	BE	SA	BE										

PATIENT NAME (Last, First) Connor, ERIC		DOC NUMBER 420475	DOB [REDACTED]	ALLERGIES		LOCATION WSPF	MONTH/YEAR 2/17-18
CODE: A = ABSENT (out of facility) R = REFUSED W = WITHHELD S = SENT with patient U = MED NOT AVAILABLE; NOTIFY HSU ⊗ = HSU NOTIFIED OF REFUSALS Scheduled PRNs: Include TIME of Delivery. Include number of pills if order allows for multiple pills.	INITIALS NB	FULL NAME OF STAFF N. Bethel RN		INITIALS SA	FULL NAME OF STAFF S. Anderson		INITIALS SA
	MC	M. Kewerling RN		CH	C. Haller		

"Exhibit 4"

OBSERVATION OF OFFENDER

OFFENDER NAME <i>Conner, Eric</i>	DOC NUMBER <i>420475</i>	FACILITY <i>WSRF</i>	TIME OF PLACEMENT <i>5:50pm</i>	DATE OF PLACEMENT <i>2/13/17</i>
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RECORD OF STAFF VISITORS

DATE	TIME IN	PRINT STAFF NAME	INITIAL	COMMENTS / ACTIVITIES	TIME OUT
<i>2/17/17</i>	<i>21⁰⁰ M</i>	<i>Scullion</i>	<i>[initials]</i>	<i>Complaining about access to his legal material in his cell</i>	<i>21⁰⁰ M</i>
<i>2-17-17</i>	<i>11¹⁰ P_M</i>	<i>Hasfeld</i>	<i>MH</i>	<i>At cell front waiting to mail out legal material</i>	<i>11¹³ P_M</i>
<i>2-18-17</i>	<i>2¹⁷ A_M</i>	<i>Hasfeld</i>	<i>MH</i>	<i>Lying on his mat under window no movement noted</i>	<i>2¹⁷ A_M</i>
<i>2-18-17</i>	<i>0515 A_M</i>	<i>B. G. [initials]</i>	<i>BE</i>	<i>Sitting on floor, movement noted</i>	<i>0515 A_M</i>
<i>2/18/17</i>	<i>0635 A_M</i>	<i>Lt. [initials]</i>	<i>[initials]</i>	<i>Lying on floor BOC / movement noted</i>	<i>0635 A_M</i>
<i>2/18/17</i>	<i>11:58 A_M</i>	<i>Lt. [initials]</i>	<i>D</i>	<i>Lying on floor by cell front - movement noted</i>	<i>11:58 A_M</i>
<i>2-18-17</i>	<i>1658 P_M</i>	<i>Capt. [initials]</i>	<i>[initials]</i>	<i>pacing about cell</i>	<i>1700 P_M</i>
<i>2-18-17</i>	<i>2070 M</i>	<i>[initials]</i>	<i>GL</i>	<i>Talking at c.t.</i>	<i>2032 M</i>
	<i>20⁵⁵ M</i>	<i>Scullion</i>	<i>[initials]</i>	<i>Holding (razadoro x2) and Refuses to take handout mail's. Did eventually hand out. Used cream to cover camera.</i>	<i>20⁵⁵ M</i>
<i>2-18-17</i>	<i>11⁵¹ P_M</i>	<i>Hasfeld</i>	<i>MH</i>	<i>Lying under window on mat movement noted</i>	<i>11⁵¹ P_M</i>

"Exhibit 5"

OBSERVATION OF OFFENDER - CONTINUED

OFFENDER NAME (Last, First, M.I.)

Connor

DOC NUMBER

402 420478

FACILITY

WSPF

TIME OF PLACEMENT

1750 M

DATE OF PLACEMENT

2-13-17

DATE CHECKED	TIME CHECKED	CHECK (✓) If Applicable							For Restraints Only			COMMENTS, PLEASE INCLUDE: • Observations of behavior • Property offered, given, removed or declined • Activities such as showers given or range of motion exercises • Change in monitoring level (i.e. close or constant)
		PRINT STAFF NAME	INITIAL	ACCEPTED MEDS	DECLINED MEDS	ACCEPTED MEAL	DECLINED MEAL	SHOWER OFFERED	RELIEVED SELF	ACCEPTED WATER	DECLINED WATER	
2-25	3:25 M	Gilman	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talking to staff
	3:35 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	assessed by Hsu Staff in Hsu Room (sore feet)
	3:50 M	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	back escorted to cell 401
	4:05 M	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21M given TP
	4:15 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front
	4:28 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front
	4:34 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	accepted meal
	4:55 PM	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sitting on floor eye contact made
	1713 M	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laying on bed acknowledged staff
	1726 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	laying on bed - leg/feet moving
	1736 M	Funk	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	laying on bed - feet moving
	1751 M	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TP given talking to staff I/KI stated he would harm self w/ spoon
	1800 M	Gilman	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front
	1810 M	Gilman	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talking to staff
	1823 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talking to capt Esser

"Exhibit 6"

OBSERVATION OF OFFENDER - CONTINUED

OFFENDER NAME (Last, First, M.I.)		DOC NUMBER		FACILITY		TIME OF PLACEMENT		DATE OF PLACEMENT				
Comar, Eric		400 475		D5PP		1750 M		2-13-17				
DATE CHECKED	TIME CHECKED	CHECK (✓) If Applicable							For Restraints Only			COMMENTS, PLEASE INCLUDE: <ul style="list-style-type: none"> • Observations of behavior • Property offered, given, removed or declined • Activities such as showers given or range of motion exercises • Change in monitoring level (i.e. close or constant)
		PRINT STAFF NAME	INITIAL	ACCEPTED MEDS	DECLINED MEDS	ACCEPTED MEAL	DECLINED MEAL	SHOWER OFFERED	RELIEVED SELF	ACCEPTED WATER	DECLINED WATER	
2-28 1500	1900 M	Er	JE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talked to staff
	1944 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talked into vent
	1928 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front
	1943 M	Er	JE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front
2-28 1050	1050 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Per capt Essor - Tether for meds / cream allowed when removed
	2005 M	Grinan	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talked to staff
	2019 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talked to staff
	2035 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talked to staff
	2046 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talked to staff
	2058 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking around cell
	2114 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talked at cell front
	2129 M	Greene	MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talking into vent
	2140 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talked / standing at cell front
	2150 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talked to inmates
	16:10 P	Kozelka	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front

"Exhibit 7"

DISTRIBUTION: Original - Security Office

OBSERVATION OF OFFENDER

OFFENDER NAME <i>Connor, Eric</i>	DOC NUMBER <i>420475</i>	FACILITY <i>WSIF</i>	TIME OF PLACEMENT <i>9:00 Am</i>	DATE OF PLACEMENT <i>3-3-17</i>
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OBSERVATION RECORD

DATE CHECKED	TIME CHECKED	Print Staff Name	INITIAL	CHECK (✓) if Applicable						For Restraints Only			Comments. Please include: <ul style="list-style-type: none"> Observations of behavior Property offered, given, removed or declined Activities such as showers given or range of motion exercises Change in monitoring level (i.e. close or constant)
				ACCEPTED MEDS	DECLINED MEDS	ACCEPTED MEAL	DECLINED MEAL	SHOWER OFFERED	RELIEVED SELF	ACCEPTED WATER	DECLINED WATER		
3-3-17	9 ⁰⁰ A	<i>Coallie</i>	<i>SB</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Placed in A401 Clinical Obs</i>
	9 ¹⁰ A	<i>Coallie</i>	<i>SB</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Sitting on floor</i>
	9 ²⁵ A	<i>Coallie</i>	<i>SB</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Sitting on floor</i>
	9 ⁴⁰⁰ A	<i>Rishon</i>	<i>TRP</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>standing at cell fronts</i>
	9 ⁵⁹ M	<i>T HOSE</i>	<i>INT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Facing cell - Naked</i>
	10 ¹⁷ M	<i>T HOSE</i>	<i>INT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Facing cell - Naked.</i>
	10 ³⁰ M	<i>T HOSE</i>	<i>INT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Perp Su. I'm DOES NOT Get Creams</i>
	10 ⁴² M	<i>T HOSE</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>@ cell front.</i>
	10 ⁵¹ M	<i>T HOSE</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>@ cell front.</i>
	11 ⁰⁰ M	<i>Owellsen</i>	<i>OU</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>@ cell front.</i>
	11 ¹⁵ A	<i>Coallie</i>	<i>SB</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Sitting on floor</i>
	11 ³⁰ A	<i>Bond</i>	<i>M</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>2nd Bath cover cell</i>
	11 ⁴⁵ A	<i>Bond</i>	<i>M</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Wally in cell</i>
	12 ⁰⁰ M	<i>T HOSE</i>	<i>INT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Accepted meal</i>
	12 ¹⁵ M	<i>T HOSE</i>	<i>INT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Facing cell front</i>

"Exhibit 8"

OBSERVATION OF OFFENDER

OFFENDER NAME	DOC NUMBER	FACILITY	TIME OF PLACEMENT	DATE OF PLACEMENT
Connor, Eric	420445	WSPF	9am	3/3/17

RECORD OF STAFF VISITORS

DATE	TIME IN	PRINT STAFF NAME	INITIAL	COMMENTS / ACTIVITIES	TIME OUT
3/11/17	0715 _M	N. Bethel RN	NB	Sitting in cell talked to RN	0715 _{AM}
3/11/17	1155 _{AM}	Lt. Tm	or	standing by sink / Asking about snack uniformed Lt. Wallace to have snacks changed with new one	1155 _{AM}
3/11/17	1253 _P	Capt. Primmer	VP	Sitting against toilet under Blanket - movement noted	1253 _P
3-11-17	1440 _{PM}	Capt. Sharpe	JWR	request book, pacing about cell	1448 _{PM}
3/11/17	26 ¹⁰ _M	Lt. Scullion	#	sitting on Bed / Awake	26 ¹⁰ _M
3-11-17	10 ²⁵ _P	Capt. Herfeld	MA	Sitting in his cell awake alert	10 ²⁵ _P
3-12-17	1 ⁵¹ _{AM}	Capt. Herfeld	MA	Laying on his rt side on mat mount note	1 ⁵¹ _{AM}
3/12/17	0656 _{AM}	Lt. Tm	or	sitting on bed	0656 _{AM}
3/12/17	0715 _{AM}	N. Bethel RN	NB	Talked @ CF	0715 _{AM}
3-12-	1450 _{IM}	Capt. Sharpe	JWR	sitting on toilet	1452 _M

"Exhibit 9"

OBSERVATION OF OFFENDER

OFFENDER NAME	DOC NUMBER	FACILITY	TIME OF PLACEMENT	DATE OF PLACEMENT
CONNOR, ERIC	420475	WSPF	0115	3-8-17

RECORD OF STAFF VISITORS

DATE	TIME IN	PRINT STAFF NAME	INITIAL	COMMENTS / ACTIVITIES	TIME OUT
3-18-17	1830 PM	LT. C. K. HANNO	JC	SITTING BY DOOR - AWAKES - DID NOT TALK TO STAFF	1832 PM
3-18-17	2255 PM	Capt. Sharpe	JWB	lying on floor, movement noted	2300 PM
3-19-17	0245 AM	Capt. Sharpe	JWB	lying on floor on mat, @ side, movement noted	0248 AM
3-19-17	0525 AM	B. E. J.	BE	laying on floor, movement noted -	0526 AM
3/19/17	0632 AM	LT. T.	cf.	laying on floor / movement noted	0632 AM
3/19/17	0800 AM	Doug Klauy	fb	sitting in corner, awake	0800 AM
3-19-17	11:00 AM	N. Bethel RN	NB	Spoke @ CF	11:02 AM
3-19-17	11:30 AM	LT. C. K. HANNO	JC	SITTING ON BED - EATING MEAL	1132 AM
3-19-17	3 ¹⁰ PM	LT. P. J. S.	JD	Talking to staff at cell front	3 ²⁵ PM
3-19-17	1760 M	J. J. J.	JD	at CF @ 40's	1705 M

"Exhibit 10"

PROGRESS NOTES

CONNER, Eric

#420475 987

DOC NUMBER

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
		DATE 2-22-17 REFUSED scheduled lab draw today. DOC 3220 Refusal of Recommended treatment sent or presented to patient for signature. <u>SE MW</u>
2-25-17	1515	RN to unit for Alpha med pass. RN asked per security, Lt. Chidambaram to assess pt. and apply cream to feet if needed in unit HCU. Vitals taken: BP - 148/97, P-74, T-98. No % pain. Pt's feet were washed & betasopt, rinsed & dried. Minocerin cream applied to both feet. Pt. was then taken back to observation cell. <u>B. Kramer, RN</u>
2-25-17	1515	Pt's feet were red, very dry, but skin was intact. <u>B. Kramer, RN</u>
<p>"Exhibit II"</p> <p>(REDACTED)</p>		

PROGRESS NOTES

PATIENT NAME Last

First

DOC NUMBER

Conner, Eric

"Exhibit 12"

420475

DATE TIME PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN

3/15/17 08:00 Spoke with Pt. in Alpha HCU for lab work. Pt. % feet being dried and cracked. Pt. states that PSU does not allow him to have his creams or lotions while in clinical observation. Pt. encouraged to get out of clinical obs, but replies that he is going to stay there "a while". Unit staff informed this RN that Pt. is no longer allowed to have creams + lotions in clinical obs due to him covering his camera with them. Will notify HSM. -
N. Bethel RN

3/15/17 1305 Pt. seen in Alpha HCU. Feet soaked in Epsom salt + warm water for 5 minutes. Feet dried + Mineral cream applied. Pt. is calm and cooperative -
N. Bethel RN

3-7-17 2108 Late entry -
3-16-17 1430 Called to unit for cell entry for placing patient in mechanical restraints. Patient was cooperative and did not verbalize any complaints during or after the process. Patient appeared calm and small area noted (approx. 3 cm x 3 cm) of reddened, swollen area to left forehead from patient banging his head purposely on his door. No other injuries noted. CMS + restraint checks completed. Pt. offered fluid + toileting -
P. Edl, RN

CONNER, Eric

#420475

0 [REDACTED] 1987

Exhibit

DATE

TIME

PROGRESS NOTES SUBJECT, OBJECTIVE, ASSESSMENT, PLAN

9/9/16	1:00p	Record Review Complete & Copies of Dpt MRA
9/16/16	1250	Present to PMA exam to & records see DOC 3639 <u>initial</u>
		Inmate and chart received at WSPF. Intake screening done, see intake sheet. Procedure to access HSU and co-pay policy explained and inmate verbalized understanding. See HSU as needed. 09-20-16 NK RN
10-25-16	1520	File review completed. JK ORA
11-23-16	1519	File review completed. JK ORA
12/1/16	1600	Pt seen for pt education and RN assessment of foot problems, as directed by HSM. Wt. 209#. Pt. has orthotics and special black shoes he presents wearing. Pt reports hx of flat feet, and very dry skin. Noted plantar areas of feet to be dry, peeling skin. Pt. reports using Dermadex. Pt. asking for a pumice stone and a basin to soak his feet. Informed pt. HSU doesn't have / send out pumice stones and soaking his feet may ↑ dryness. Informed pt. will schedule A&P appt and pt. verbalized appreciation as he hasn't seen a pumice here since transfer. Pt. reports calf muscle pain, recent workouts. Educated pt. on S/S of infection and S/S of deep vein thrombosis. Pt. agreeable to plan of care. <u>Shaw</u>

"Exhibit 13"

PROGRESS NOTES

CONNER, Eric

#420475

1987

NUMBER

Exhibit

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
12.15.16	1000	Pt. seen for HBR asking to be seen for restriction renewal. Pt. would like his extra washcloth and extra pillow renewed. Wt. 208#. Pt. would like these for his acne keloids he experiences on the back of his neck. Will place pt. on Special Needs Committee for review and scheduled on appt. - ACP. <u>Anderson</u>
		Chart reviewed by Special Needs Committee <u>12.15.16</u> <u>Anderson</u>
12/20 12-23-16		error
01/04/17	0915	File review completed. <u>short</u> Provider want to HIV block A, but pt. is currently on an attorney call. will return to address concerns for today.
01/04/17	1330	29 y.o. A-A male enters clinic with dry cough, skin on feet. S. As above. Pt. states that he had a skin rash address this problem in the past. (1) Also old keloids on upper part which seemed to have been shaved. (2) Also old skin on lower. Denies any recent injury. O: N15. No 5th worth in back. Euphoric in manner and D. K. Anderson for notes (cont)

"Exhibit 14"

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
01/10/17	1730	<p>(cont) exam negative. No pain in rotation of knee. Skin: Toes raised 1 cm erythematous bumps except at heel which are not warm to touch. R. generally laggy, cracked skin on the plantar surface of foot. Pt. also has a cracked callus on the ball of his left foot under the great toe.</p> <p>A: ① Dry skin ② Callus @ foot ③ Erythematous bumps ④ @ knee pain</p> <p>P: ① Minerva cream daily. Pt. recommends Ivory soap sparingly. @ burn stone if showed by severity of burn. Pt. comes to 50 for treatment @ foot in treatment by Pt. Pt. discussed possible infection of ear if it is truly infected. X-ray @ knee. Referral to PT for evaluation of treatment of knee. Pt. file review completed. JK WMA</p>
02/14/17	1400	<p>31 y.o. A-A male enters in to probable lactose intolerance.</p> <p>P: As above. States he is having stomach issues at dinner which he attributes to lactose.</p> <p>O: 206#. Ahd: Robert 55 & 4.</p> <p>A: ① Diarrhea</p> <p>P: Lactaid i po ac T.D. Lactaid except blood & 3, A & H. Stated that he had</p>

PRESCRIBER'S ORDERS

PATIENT NAME (Last, First)

DOC NUMBER

DATE OF BIRTH

Conner, Eric

420475

██████-87

DRUG ALLERGIES

Nickel

DO NOT USE ABBREVIATIONS LISTED BELOW

qd qod ug MS MSO4 A.S. A.D. A.U. O.S. O.D. O.U. IU U
Never write a zero by itself after a decimal point. (X.0 mg) Always use a zero before a decimal point. (0.X mg)

DATE/TIME	*CODE	CHECKED BY/DATE
01/04/17		<p>M. Zain. cream to affected area daily for 6 months bacitracin oint. apply small amount to affected area BID for 6 months X-ray: @ Knee Referral to P.T. for evaluation & treatment @ Knee joint. for 6 weeks Pumice stone to address callus @ foot if allowed by security if not, make apt. @ HSU for pumice treatment of callus on foot. for 6 weeks noted Wheller RN 1-11-17</p>
1/30/17		<p>Pt. may have cotton sleeves due to nickel allergy while @ WSPF. for 6 weeks noted 2-1-17 P. Edl RN 0835</p>
02/02/17		<p>lab: FLP. for 6 weeks noted Warden 2-2-17 11:20</p>
<p>"Exhibit #16"</p>		

* SEE REVERSE SIDE FOR ORDERING CODE

CHECK TO BE SURE COPY IS BEING MADE

PRESCRIBER'S ORDERS

PATIENT NAME (Last, First)

Conner, Eric

DOC NUMBER

420475

DATE OF BIRTH

1/87

DRUG ALLERGIES

Nickel

DO NOT USE ABBREVIATIONS LISTED BELOW

qd qod ug MS MSO4 A.S. A.D. A.U. O.S. O.D. O.U. IU U
Never write a zero by itself after a decimal point. (X.0 mg) Always use a zero before a decimal point. (0.X mg)

DATE/TIME		*CODE	CHECKED BY/DATE
9/16/16	① DCL batraaid		
1415	② Please tell patient batraaid is DCLP, Doing very well		✓ calpan 9-6-16
	<i>[Signature]</i>		
9/27/16	DCL Dermacerin		
1000	Minerin Creme apply to affected areas PRN (months) Janya Brown APRN		✓ 10/27/16
10/31/16	DCL Minerin cream.		✓ 10-31-16
1300	Derma Daily lotion apply to affected areas PRN x 1 year Janya Brown APRN		✓ 10-31-16
	NOTED/EXHIBIT 17 10.31.16 @ 1513		
12/1/16	Triamcinolone 0.1% Cream apply to affected areas BID PRN x 1 year May have 1 extra wash cloth and 1 extra pillow x one year d/t keloids. Janya Brown APRN		✓ 12.1.16 SA 2035
	Noted 12.1. Re 2035 Sanderson		✓ 12.1.16 SA 2035
	"Exhibit 17"		

* SEE REVERSE SIDE FOR ORDERING CODE

CHECK TO BE SURE COPY IS BEING MADE

PATIENT NAME Last

First

MI

DOC NUMBER

Conner Eric

DATE

TIME

PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN

3/31/17

1530 Foot care completed noted during foot care patient to sit in wide stance while nurse was drying feet off note patient has only small on patient exposing himself patient instructed at this time to keep with his foot care patient argumentative but did comply

→ 4-3-17 1738

Pt refused to come to HSU for foot care. DOC 3220 obtained. P.EDI RN

4/5/17 0800

Pt. refused lab work, rescheduled for next week. N. Bethel RN

04/07/17

1400

30 x 10 - A-A no legenters Alpha HSU
2 20 generalized body aches.

1. A & B (2) Pt. is concerned that the trays he receives in observation are not like those in colonies than regular trays.

1. 123/87 - 59-18 Wt: 195#. BMI: 30.
H: 1.07 m

2. Nutritional concerns

1. 1. Recommended use of Typroten or Lido in the cream Rx. 2. Will check a dietary i.e. # calories in observation trays vs. regular trays. Current weight is about 11# less than in January.

"Exhibit 18"

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

⚡ NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⚡

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA)

☐ DENTAL

☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION

Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

☐ HEALTH SERVICES

☐ HEALTH CARE RECORD REVIEW

☐ COPIES FROM HEALTH CARE RECORD (List records below)

☐ PSYCHIATRIST

☐ INFORMATION

☒ OTHER:

To Nurse Practitioner

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I would like to see the nurse practitioner
regarding weight loss since obs placenta
and skin care lotion

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY

HSU RESPONSE Check appropriate box below. Add written comments / information as needed.

☐ Nursing Sick Call: ☐ Today ☐ Date (if not today):

☒ Scheduled to be seen in HSU ☒ ACP ☐ RN/LPN ☐ Special Needs Evaluation ☐ Optical ☐ Other:

☐ Refer HSR to: ☐ ACP ☐ HSU Manager ☐ Psychiatrist ☐ MPAA ☐ Optical ☐ Other:

☐ Refer for copies only: ☐ Refer for Health Care Record review appointment.

☐ Educational material attached (Specify): ☒ Other:

COMMENT / INFORMATION

Next week appointment is.

PRINT STAFF NAME

DATE OF HSU RESPONSE

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇐

PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER
FACILITY NAME	HOUSING UNIT	TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA)

☐ DENTAL

☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION

Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

- ☐ HEALTH SERVICES ☐ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below)
- ☐ PSYCHIATRIST ☐ INFORMATION
- ☒ OTHER: To HSU Manager and Provider

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I was denied medical treatment for my skin between ³3-3-17 to 4-3-17. Between this time, I suffered dry and itchy skin and was unable to shower because I was denied medical skin lotion. I explained to you, the provider and various WSPF nurses without remedy.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY

HSU RESPONSE Check appropriate box below. Add written comments / information as needed.

☐ Nursing Sick Call: ☐ Today ☐ Date (if not today):

☒ Scheduled to be seen in HSU ☐ ACP ☐ RN/LPN ☐ Special Needs Evaluation ☐ Optical ☐ Other:

☐ Refer HSR to: ☐ ACP ☐ HSU Manager ☐ Psychiatrist ☐ MPAA ☐ Optical ☐ Other:

☐ Refer for copies only: ☐ Refer for Health Care Record review appointment.

☐ Educational material attached (Specify): ☐ Other:

COMMENT / INFORMATION

You are scheduled to see the ACP for this issue.

PRINT STAFF NAME

N. Bethel RN

DATE OF HSU RESPONSE

4/7/17

PSYCHOLOGICAL SERVICE REQUEST

- USE THIS FORM TO COMMUNICATE WITH THE PSYCHOLOGICAL SERVICES UNIT (PSU).
- USE THE BLUE DOC-3035 HEALTH SERVICE REQUEST IF YOUR REQUEST IS RELATED TO PSYCHIATRIC MEDICATION OR PSYCHIATRIC SERVICES
- PLACE ALL PAGES OF COMPLETED FORM IN THE DESIGNATED COLLECTION LOCATION.
- PRINT CLEARLY

LAST NAME <u>Conner</u>		FIRST NAME <u>Eric</u>		DOC NUMBER <u>420475</u>
FACILITY <u>WSPF</u>	HOUSING UNIT <u>A</u>	CELL NUMBER <u>OBS 402</u>	TODAY'S DATE <u>4-1-17</u>	

REQUEST FOR:

- ☐ PSYCHOLOGICAL SERVICES ☐ REQUEST FOR COPIES FROM PSU RECORD (List records below)
- ☐ REQUEST FOR PSU RECORD REVIEW ☐ INFORMATION
- ☒ OTHER: Psychologist Supervisor

FOLD THIS REQUEST OVER TO THE LINE BELOW SO THAT INFORMATION REMAINS CONFIDENTIAL

DO NOT USE THIS FORM IF YOUR MENTAL HEALTH NEED IS AN EMERGENCY, SPEAK TO STAFF DIRECTLY.
IN THE LINED AREA BELOW, WRITE DOWN WHAT YOUR REQUEST IS ABOUT. BE AS SPECIFIC AS YOU CAN.

I have been complaining about my blanket and washcloth permirately. As to well skin cream and lotion. My blanket and washcloth was taken on 3-20-17 because I tried to kill myself with a breakfast bag by suffocation. I never abused my blanket or washcloth. I was told the only way I will recieve these items back is if I converse with PSU staff which I have not been since my OBS placement. This is retaliation and I would like these items back and for the lot in to be removed from my door. /written by CO Engelke, M

☐ I WOULD LIKE TO SEE PSYCHOLOGY STAFF

☒ I DO NOT NEED TO SEE PSYCHOLOGY STAFF

DO NOT WRITE BELOW THIS LINE - TO BE FILLED IN BY STAFF ONLY

TRIAGED BY <input checked="" type="checkbox"/> PSU <input type="checkbox"/> HSU	DATE RECEIVED <u>4/3/17</u>	ACTION <input type="checkbox"/> Direct Response <input checked="" type="checkbox"/> Delegate to _____ <input type="checkbox"/> Refer to PSU (routine) <input type="checkbox"/> Other (specify in notes below)	STAFF INITIALS <u>TG</u>
---	--------------------------------	---	-----------------------------

NOTES (IF NEEDED)

RESPONSE

- ☐ A psychology appointment is scheduled for the following time frame: _____
- ☐ Your request has been referred to the Psychiatrist within the Health Service Unit
- ☐ Your request has been referred to the Health Services Unit for medical issues
- ☐ Refer for a record review appointment or for copies only. (Must be processed within 30 days of request)

☒ Other: Ma. Conner, items that have been removed from your possession have been removed as a result of your self-harmful behaviors that warrant the need for staff to take safety precautions. Placing a bag over your head to suffocate yourself obviously warrants concern. I have attempted to speak with you and have been ignored, but I will do so again hoping you will speak to me.

STAFF SIGNATURE <u>Scott Ruben</u>	DATE SIGNED <u>4/3/17</u>	PRINT STAFF NAME <u>Scott Ruben</u>
---------------------------------------	------------------------------	--

DEPARTMENT OF CORRECTION

Division of Adult Institutions

DOC-3035B (Rev. 8/2014)

PSYCHOLOGICAL SERVICE REQUEST

WISCONSIN

- USE THIS FORM TO COMMUNICATE WITH THE PSYCHOLOGICAL SERVICES UNIT (PSU).
- USE THE BLUE DOC-3035 HEALTH SERVICE REQUEST IF YOUR REQUEST IS RELATED TO PSYCHIATRIC MEDICATION OR PSYCHIATRIC SERVICES
- PLACE ALL PAGES OF COMPLETED FORM IN THE DESIGNATED COLLECTION LOCATION.
- PRINT CLEARLY

LAST NAME <i>Conner</i>		FIRST NAME <i>ERIC</i>	DOC NUMBER <i>420475</i>
FACILITY <i>WISPR</i>	HOUSING UNIT <i>Alpha</i>	CELL NUMBER <i>402</i>	TODAY'S DATE <i>4/4/17</i>

REQUEST FOR:

- ☐ PSYCHOLOGICAL SERVICES
 ☐ REQUEST FOR COPIES FROM PSU RECORD (List records below)
- ☐ REQUEST FOR PSU RECORD REVIEW
 ☐ INFORMATION
- ☐ OTHER: _____

FOLD THIS REQUEST OVER TO THE LINE BELOW SO THAT INFORMATION REMAINS CONFIDENTIAL

DO NOT USE THIS FORM IF YOUR MENTAL HEALTH NEED IS AN EMERGENCY, SPEAK TO STAFF DIRECTLY.
IN THE LINED AREA BELOW, WRITE DOWN WHAT YOUR REQUEST IS ABOUT. BE AS SPECIFIC AS YOU CAN.

I would like a copy of the no lotion and cream restriction that Dr. Hoern placed on me on 3-3-17. This restriction was taking off my cell door on 4/4/17 by PSU staff MS. Mink. I would like a copy of Dr. Hoern's restriction for my file. Since my blanket and washcloth was taken on 3-20-17, I've been extremely cold and deprived of sleep because of this. I've been complaining to several WSP officials about the coldness of my cell and that my blanket was taken from me when I never abuse my blanket. I would like my washcloth and blanket back. I would also like to be authorized to have orange crocks in my cell because of the medication foot cream I have to apply to my feet 4 times a day. Without the crocks the cream on my feet comes off when I walk the floor. I was told by HSU manager I would have to have permission to have orange crocks in my cell by PSU. This is a medical issue that can be resolved by PSU. By giving me the crocks, washcloth and blanket, I have been suffering since I been in. I have to place a plastic bag over my head my blanket and washcloth should not be took. I have received

- ☐ I WOULD LIKE TO SEE PSYCHOLOGY STAFF
 ☒ I DO NOT NEED TO SEE PSYCHOLOGY STAFF

DO NOT WRITE BELOW THIS LINE - TO BE FILLED IN BY STAFF ONLY

TRIAGED BY <input checked="" type="checkbox"/> PSU <input type="checkbox"/> HSU	DATE RECEIVED <i>4/5/17</i>	ACTION <input type="checkbox"/> Direct Response <input checked="" type="checkbox"/> Delegate to <i>SH</i> <input type="checkbox"/> Refer to PSU (routine) <input type="checkbox"/> Other (specify in notes below)	STAFF INITIALS <i>TG</i>
---	--------------------------------	---	-----------------------------

NOTES (IF NEEDED)

RESPONSE

- ☐ A psychology appointment is scheduled for the following time frame: _____
- ☐ Your request has been referred to the Psychiatrist within the Health Service Unit
- ☐ Your request has been referred to the Health Services Unit for medical issues
- ☐ Refer for a record review appointment or for copies only. (Must be processed within 30 days of request)
- ☒ Other: *Mr. Conner, your complaint about suffering in obs is unfortunate given your reluctance to communicate with PSU staff. You will be provided with ongoing medical care and access to behavioral health care in conjunction with your needs and I encourage you to be receptive to services that are and will continue to be offered to you.*

STAFF SIGNATURE <i>Scott Rubin-Asch</i>	DATE SIGNED <i>4/5/17</i>	PRINT STAFF NAME <i>Scott Rubin-Asch</i>
--	------------------------------	---

INMATE COPY

Psychological Service Request

Continue on from 4/4/17

Conner Eric # 420475 Cell # 402 Alpha Obs Cell.

numerous self harm items while in observation from several WSPF officers. PSU department is using my mental illness and self harm as a form of punishment and not offering me any helpful treatment or treatment plan. I would like to be place somewhere I can receive better treatment for my mental illness and self harm issues.

(~~APP, Page 1~~) "Exhibit # 22"

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

⇒ NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA)

☐ DENTAL

☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

HEALTH SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

- ☐ HEALTH SERVICES ☒ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below)
- ☐ PSYCHIATRIST ☒ INFORMATION
- ☒ OTHER: HSU Manager / Provider

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I've been waiting 3 weeks for my mouth spray kote to arrive from (Dawn Pharmacy) I need it. Also please tell me the exact date ASU Manager issued the RU's to put me out my cell to provide foot care / foot cream. Filing civil suit, need information for records.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY

RESPONSE Check appropriate box below.

- ☐ Scheduled to be seen in HSU: ☐ MD/DO ☐ NP/PA ☐ RN/LPN ☐ Refer to Special Needs Nurse/Committee
- ☐ Treated Today ☐ Refer to Psychiatrist ☐ Refer to PSU ☐ Place on Optometric Waiting List
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)
- ☐ Non-Medical Problem ☒ Other:

WRITTEN RESPONSE

Your mouth kote spray has arrived and should be on the medication cart tonight for you.

We first provided foot care to you on 3/15/17, however there is no formal order to provide foot care

PRINT STAFF NAME

DATE OF HSU RESPONSE

N. Bethel RN

4/21/17

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY

PRINT LAST NAME <i>Conner</i>	PRINT FIRST NAME <i>E.C.</i>	DOC NUMBER <i>420475</i>
FACILITY NAME <i>W3/F</i>	HOUSING UNIT <i>A 402</i>	TODAY'S DATE <i>3/26/17</i>

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE

Madan E/M

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA) ☐ DENTAL ☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION

Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

- ☐ HEALTH SERVICES ☐ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below)
- ☐ PSYCHIATRIST ☐ INFORMATION
- ☒ OTHER: *HSU Manager / Wordel*

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I would like my skin lotions I've been unable to shower because I'm unable to use my skin lotion after I get out of showers causing me to get dry skin. Please allow me to receive my skin lotions.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY

HSU RESPONSE Check appropriate box below. Add written comments / information as needed.

☐ Nursing Sick Call: ☐ Today ☐ Date (if not today):

☐ Scheduled to be seen in HSU ☐ ACP ☐ RN/LPN ☐ Special Needs Evaluation ☐ Optical ☐ Other:

☐ Refer HSR to: ☐ ACP ☒ HSU Manager ☐ Psychiatrist ☐ MPA ☐ Optical ☐ Other:

☐ Refer for copies only: ☐ Refer for Health Care Record review appointment.

☐ Educational material attached (Specify): ☐ Other:

COMMENT / INFORMATION

Mr. Conner, You can not have more lotions or creams as you cover your camera. It is a PHU decision because you continue to threaten self harm and remain in clinical observation status. The inmate can schedule prior notification of HSU.

PRINT STAFF NAME

DATE OF HSU RESPONSE

Jill Zimmerman RN HSU

3/27/17

ICE REPORT
COMPLAINT NUMBER WSPF-2017-11164
*** ICRS CONFIDENTIAL ***

To: CONNER, ERIC D. - #420475
UNIT: _AR2 -- _221_L
WISCONSIN SECURE PROGRAM FACILITY
PO BOX 9900
BOSCOBEL, WI 53805-9900

Complaint Information:

Date Complaint Acknowledged:	04/28/2017	Inmate Contacted?	No
Date Complaint Received:	04/28/2017		
Subject of Complaint:	25 - Psychology		
Person(s) Contacted:	Psych. Assoc. Mink HSM Waterman		
Brief Summary:	Challenges denial of skin creme		
Summary of Facts:	<p>Psych. Assoc. Mink informed this examiner inmate Conner was denied to possess the creams while in observation for a period of time. During this time HSU staff applied the creams as needed.</p> <p>HSM Waterman informed this examiner there was no order stating inmate Conner needed to possess the creams. HSM Waterman confirmed HSU staff did apply the cream when there was a need.</p> <p>This examiner recommends dismissal of this complaint.</p>		
ICE Recommendation:	Dismissed		
Recommendation Date:	05/22/2017		

W. Brown

W. Brown - Institution Complaint Examiner

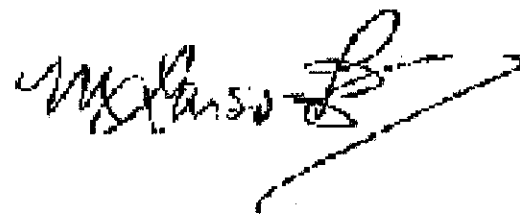
"Exhibit 25"

REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER WSPF-2017-11164
***** ICRS CONFIDENTIAL *****

To: CONNER, ERIC D. - #420475
UNIT: _AR2 -- _221_L
WISCONSIN SECURE PROGRAM FACILITY
PO BOX 9900
BOSCOBEL, WI 53805-9900

Complaint Information:

Date Complaint Acknowledged: 04/28/2017
Date Complaint Received: 04/28/2017
Subject of Complaint: 25 - Psychology
Brief Summary: Challenges denial of skin creme
ICE's Recommendation: Dismissed
Reviewer's Decision: Dismissed
Reason(s) for Decision: An inmate is placed into observation status if clinical assessment shows he is in danger of harming himself or others. PSU staff determine allowed property while in observation status based on clinical judgment of risk.
The above states the HSU manager confirmed that the cream was applied by HSU while Inmate Conner was in observation status and that there was no medical necessity that the creams be in Inmate Conner's possession.
Decision Date: 06/06/2017



M. Larson - Reviewing Authority

A complainant dissatisfied with a decision may, within 10 calendar days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.13, Wis. Adm. Code).

"Exhibit 26"

PATIENT COMMUNICATION

PATIENT CONNER, Eric #420475 03/30/1987 <i>A220</i>	DOC NUMBER	FACILITY NAME <i>WCI</i>
---	------------	-----------------------------

☐ You are scheduled for a:

You must follow the following instructions:

<input type="checkbox"/> Follow directions below if this box is checked As of • No naps. • No caffeine products such as coffee, tea, canned soda or chocolate.	<input type="checkbox"/> Follow directions below if this box is checked As of • No aspirin. • No non non-steroidal anti-inflammatory medications such as buprofen, Naproxen.	<input type="checkbox"/> Follow directions below if this box is checked • Nothing to eat or drink starting:
<input type="checkbox"/> Follow directions below if this box is checked • Clear liquids only starting	<input type="checkbox"/> Follow directions below if this box is checked:	<input type="checkbox"/> Follow directions below if this box is checked:

DIRECTIONS FOR MEDICATIONS

☐ The following medication(s) has/have been discontinued. Please stop taking the medication(s) and return the medication(s) to the HSU:

NEW MEDICATION(S)

☒ You have new medication. *TMC Opioid Cream*

☐ The medication is:

☐ You should take this medication: *3x/day as needed.*

☒ The medication is for: *itching to keloids*

☒ Your medication is kept on your person

☐ Your medication is kept by staff (staff controlled)

☒ Your medication has been ordered from the pharmacy. If you do not get your medication with 7 days, notify the HSU

☐ You have new medication.

☐ The medication is:

☐ You should take this medication:

☐ The medication is for:

☐ Your medication is kept on your person

☐ Your medication is kept by staff (staff controlled)

☐ Your medication has been ordered from the pharmacy. If you do not get your medication with 7 days, notify the HSU

LABORATORY / IMAGING TEST RESULTS

You recently had ☐ Lab Work ☐ Diagnostic Imaging

☐ Your results were reviewed and are considered normal. No follow-up is needed.

☐ We will continue to see you through chronic care.

☐ Your results are abnormal and a follow-up appointment will be scheduled to discuss your plan of care.

You need to be aware of the following:

SIGNATURE OF HSU STAFF

Aun Slinger "Exhibit 27"

DATE SIGNED

4/29/15

PATIENT COMMUNICATION

PATIENT NAME (Last, First)
Conner, Eric

DOC NUMBER
420475

FACILITY NAME
WSPF

☐ You are scheduled for a:

You must follow the following instructions:

☐ Follow directions below if this box is checked

As of

- No naps.
- No caffeine products such as coffee, tea, canned soda or chocolate.

☐ Follow directions below if this box is checked

As of

- No aspirin.
- No non-steroidal anti-inflammatory medications such as ibuprofen, Naproxen, Meloxicam.

☐ Follow directions below if this box is checked

- Nothing to eat or drink starting:

☐ Follow directions below if this box is checked

- Clear liquids only starting

DIRECTIONS FOR MEDICATIONS

☐ The following medication(s) has/have been discontinued. Please stop taking the medication(s) and return the medication(s) to the HSU:

NEW MEDICATION(S)

☒ You have new medication.

☒ The medication is: Dermadaily Lotion

☒ You should take this medication: apply to affected area as needed

☐ The medication is for:

☒ Your medication is kept on your person

☐ Your medication is kept by staff (staff controlled)

☐ Your medication has been ordered from the pharmacy. If you do not get your medication with 7 days, notify the HSU

☐ You have new medication.

☐ The medication is:

☐ You should take this medication:

☐ The medication is for:

☐ Your medication is kept on your person

☐ Your medication is kept by staff (staff controlled)

☐ Your medication has been ordered from the pharmacy. If you do not get your medication with 7 days, notify the HSU

LABORATORY / IMAGING TEST RESULTS

You recently had ☐ Lab Work ☐ Diagnostic Imaging

☐ Your results were reviewed and are considered normal. No follow-up is needed.

☐ We will continue to see you through chronic care.

☐ Your results are abnormal and a follow-up appointment will be scheduled to discuss your plan of care.

☐ You need to be aware of the following:

SIGNATURE OF HSU STAFF

"Exhibit # 28"

DATE SIGNED

10.31.16

PATIENT NAME (Last, First)

Conna, Eric

DOC NUMBER

420475

DOB

[REDACTED] 87

HOUSING UNIT

WISCONSIN

ALLERGIES

NKDA

PATIENT MEDICATION PROFILE RECOPIED ON:

ORIGINAL ORDER DATE	DRUG NAME	DOSAGE	FREQUENCY	PRESCRIBER		FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	STOP/ REORDER DATE
2/4/14	Ibu	200mg	2 po Q10	RN	Date	2/4/14						3/4/14
					Quantity	250						
					Dose	250						
					Code							
					Initials	W						
2/4/14	T-gel		1 w Shurms	RN	Date	2/4/14	2-20-14	2-27-14				3/4/14
					Quantity		1	1				
					Dose							
					Code							
					Initials	16y	OP	OP				
					Date	3/1/14						
					Quantity	30						
					Dose							
					Code							
					Initials	CA						
2/20/14	Mirtazapine	15mg	1B	RF	Date	6/5/14	8/10/14					8-20
					Quantity		# 30					
					Dose	30	50mg					
					Code		amr					
					Initials	W						11/28/14
5/28/14	Tramadolone	50mg	HS	RF	Date	7-22-14						
					Quantity							
					Dose	80mg						
					Code							
					Initials	W						1/15/15
7-15/14	Tmc Cream	0.1%	TID pr Jm	Jm	Date	8/14/14	9-12-14					
					Quantity							
					Dose	30	30					
					Code							
					Initials	W	OP					NR
	clonazepam	600mg	QID pr	JS	Date	8/1	10-21-14	3-16-15				
					Quantity	10	30	30				
					Dose							
					Code							
					Initials	CA						
9/24/14	Tramadolone	50mg	HS	RF	Date	2/19/15	2-26-15					
					Quantity	1215	1 tube					
					Dose							
					Code							
					Initials	W						
2/19/15	antibiotic oint	BID		NG	Date							
					Quantity							
					Dose							
					Code							
					Initials							

PATIENT NAME (Last, First)

Exhibit 29

DOC NUMBER

B - Returned back to the HSU; C - Sent to court; D - Discharged Medication; L - Obtained from pharmacy other than CPS; O - Ordered from CPS; RI - Reissued (e.g. when transferred); S - Started from stock

DEPARTMENT OF CORRECTIONS / DAI / DOC-3034 (Rev. 12/2009)

DISTRIBUTION: Original - Medical Chart, Medications Section

PATIENT NAME (Last, First)

Conney, Eric
NKO4

DOC NUMBER

420475

DOB

[REDACTED] 87

HOUSING UNIT

WISCONSIN

ALLERGIES

PATIENT MEDICATION PROFILE RECOPIED ON:

ORIGINAL ORDER DATE	DRUG NAME	DOSAGE	FREQUENCY	PRESCRIBER	DATE	FILL/ORDER	FILL/ORDER	FILL/ORDER	FILL/ORDER	FILL/ORDER	FILL/ORDER	STOP/REORDER DATE
2/19/15	Ibuprofen	400mg	PO QID PRN	NK	2/23/15	2-25-15	3/18/15	DL				2-19-16
					Quantity	30	30	30				
					Dose	30	30	600mg	9-11-15			
					Code							
					Initials	MM	MM	AS	MM			
3-18-15	Trazodone	50mg	HS	TC	3-18-15	4-17-15	5-11-15	6-18-15	7-21-15	8-30-15	9-23-15	
					Quantity	30	30	30	30	30	30	
					Dose		50mg	50mg		50mg	50	
					Code							
					Initials	MT	MM	C	MM	CC	MM	
4/23/15	Unerin	BID PRN	AAA	RM	4/23/15							9-18-16
					Quantity	402						NR
					Dose							
					Code							
					Initials	MM						
4/29/15	TMC Cream	0.1%	Kelad TID PRN	NK	5-12-15	9-11-15						4/29/16
					Quantity							
					Dose							
					Code							
					Initials	MM	MM					
9-25-15	Trazodone	50mg	HS	AK	9-25-15	10-21-15						1/25/16
					Quantity	30						
					Dose	50mg						
					Code							
					Initials	MM						
10-30-15	Trazodone	75mg	HS	KG	11-5-15	12-2-15	1-4-16					4/30/16
					Quantity	30	30	30				
					Dose		75mg	75mg				
					Code							
					Initials	MM	MM	MM				
12-16-15	TMC Cream	0.1%	BID PRN	Garcia	12-22-15	1-9-16	8-3-16	8-30-16				12-16-16
					Quantity							
					Dose	0.1%	0.1	0.1%				
					Code							
					Initials	MM	MM	MM				
1/8/16	Trazodone	75-150mg	QHS PRN	Stretch	1-19-16	2-23-16						7/8/16
					Quantity	60						
					Dose	60	75					
					Code							
					Initials	MM	MM					

PATIENT NAME (Last, First)

Exhibit 30

DOC NUMBER

B - Returned back to the HSU; C - Sent to court; D - Discharged Medication; L - Obtained from pharmacy other than CPS; O - Ordered from CPS; RI - Reissued (e.g. when transferred); S - Started from stock

DEPARTMENT OF CORRECTIONS / DAI / DOC-3034 (Rev. 12/2009)

DISTRIBUTION: Original - Medical Chart, Medications Section

PATIENT NAME (Last, First)

DOC NUMBER

DOB

HOUSING UNIT

WISCONSIN

Conner, Eric

420475

87

ALLERGIES

NKDA

PATIENT MEDICATION PROFILE RECOPIED ON:

ORIGINAL ORDER DATE	DRUG NAME	DOSAGE	FREQUENCY	PRESCRIBER		FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	STOP/ REORDER DATE
8/12/16	trazodone	200mg	q HS PRN	Strelnick	Date	8-29-16	09-20-16	10-4-16	1-13-17			2/12/17
					Quantity	60	27	60	60	renewed		
					Dose	100mg	100mg	100mg	100mg			
					Code							
					Initials	CAH	AK	BSK	BSK			
9/12/16	prazosin	15mg	q HS	Strelnick	Date	8/29/16	09-20-16					2/10/17
					Quantity				D/C			
					Dose				02-11-17			
					Code							
					Initials							
8/12/16	Mouth-kote	2 sprays	PRN	Strelnick	Date	8-29-16	9/12/16	09-21-16	10-16-16	11/3/16	11/26/16	copy 2/12/17
					Quantity	1btl	1btl	1	1	1btl	1btl	
					Dose							
					Code			S	O	O	O	
					Initials	CAH	AK	AK	CAH	BSK	BSK	
8/12/16	ensure	1 can	c each meal	Schroeder	Date	8/29/16	9/14/16					9/12/16
					Quantity	24	24					
					Dose							
					Code							
					Initials	JK	JK					
8-12-16	Dermacrin	QID	prn	Schroeder	Date	9-12-16						8-12-17
					Quantity	1						
					Dose							
					Code	S						
					Initials	AK						
9/12/16	minerin cream	PRN	apply to affected areas		Date	9/27/16	10-2-16	10-31/16				3/27/17
					Quantity	4oz	4oz	4oz				
					Dose							
					Code	S	(S)	S				
					Initials	AK	AK	AK				
copy 12-16-17	TMC Cream	0.1%	BID PRN	Garcia	Date	10-9-16	11-27-16					12-16-16
					Quantity	1	1					
					Dose	0.1%	0.1%					
					Code	AK	AK					
					Initials	AK	AK					
10-31-16	Dermadil Loton.	APPLY to affected area	PRN	T. Berson	Date	10-31-16	11-7-16	11-14-16	11/21/16	12-27-16	12-9-16	copy 12-30-17
					Quantity	4oz	4oz	4oz	4oz	1 bottle	1oz	
					Dose					(4oz ap)		
					Code	S	S	S	S	S	S	
					Initials	AK	AK	AK	AK	AK	AK	

PATIENT NAME (Last, First)

DOC NUMBER

Conner

Eric

420475

"Exhibit 31"

B - Returned back to the HSU; C - Sent to court; D - Discharged Medication; L - Obtained from pharmacy other than CPS; O - Ordered from CPS; RI - Reissued (e.g. when transferred); S - Started from stock

DEP

151

DEPARTMENT OF CORRECTIONS (DCC) (Rev. 10/2009)

PATIENT NAME (Last, First)

DOC NUMBER

DOB

HOUSING UNIT

WISCONSIN

Conner, Eric

420475

[REDACTED] 87

ALLERGIES

NKDA

PATIENT MEDICATION PROFILE RECOPIED ON: 10/2

ORIGINAL ORDER DATE	DRUG NAME	DOSAGE	FREQUENCY	PRESCRIBER	DATE	FILL/ORDER	FILL/ORDER	FILL/ORDER	FILL/ORDER	FILL/ORDER	FILL/ORDER	STOP/REORDER DATE
12.1.16 SA	Triamcinolone Apply to affected areas	0.1%	Cream PRN	Tanya Benson	12-4-16	1-15-17	1-26-17	2-3-17	9-26-17	10-18-17		12-1-17 COPY
copy 8/12/16 JA	Mouth-Kote	2 sprays	PRN	Strelneck	12-14-16	12-22-16	1-22-17					2/12/17
copy 10/31/16 JA	DermaDaily lotion	Apply to affected areas	PRN	T. Benson	12-15-16	12-22-16	1-5-17	1-17-17	1-19-17	4-5-17		11/30/17
1-11-17 DW	Bacitracin oint.	BID		McArdle	1-11-17							7-11-17
1-11-17 DW	Purice treated to callus			McArdle	1-26-17	5-15-17	Renewed	06-09-17				7-11-17
1/11/17 ★ DW	Mupirocin cream	Daily	PRN	McArdle	1/11/17	4/25/17	4-28-17	5-1-17				7-11-17
renewed 02-10-11 MK	Mouth-Kote	2 sprays	PRN	Dr Strelneck	01-22-17	4-16-17	4-21-17	4-28-17	Renewed	05-19-17		08-10-17
renewed 02-10-17 MK	Trazodone	200mg	QHS	Dr Strelneck	1-13-17	2-23-17	4-1-17	5-18-17	6-28-17			05-10-17

PATIENT NAME (Last, First)

11 DOC NUMBER

Exhibit 32

B - Returned back to the HSU; C - Sent to court; D - Discharged Medication; L - Obtained from pharmacy other than CPS; O - Ordered from CPS; RI - Reissued (e.g. when transferred); S - Started from stock

DEPARTMENT OF CORRECTIONS / DAI / DOC-3034 (Rev. 12/2009)

DISTRIBUTION: Original - Medical Chart, Medications Section

PLACEMENT / REVIEW OF OFFENDER MENTAL HEALTH OBSERVATION

Instructions: PSU staff complete this form for initial mental health placements and for reviews.

OFFENDER NAME Conner, Eric		DOC NUMBER 420475	FACILITY WSPF
SECURITY STAFF SUPERVISING PLACEMENT Lt. Scullion	PSU STAFF APPROVING PLACEMENT Dr. Hoem	DATE OF PLACEMENT 3-3-17	TIME OF PLACEMENT 9:00 AM
TYPE OF REVIEW <input type="checkbox"/> Initial Placement <input checked="" type="checkbox"/> Follow-up Review		REASON FOR PLACEMENT <input checked="" type="checkbox"/> Dangerous to Self <input type="checkbox"/> Mentally Ill and Dangerous to Self or Others	

DESCRIPTION OF OFFENDER BEHAVIOR THAT RESULTED IN INITIAL PLACEMENT

Please see initial DOC-27.

CURRENT MENTAL STATUS EVALUATION

DATE 4-4-17 TIME 11:04 AM


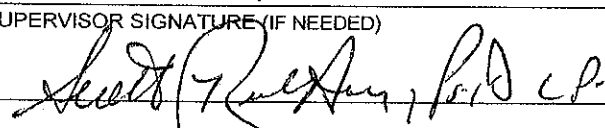
This clinician consulted with Dr. Rubin-Asch and Ms. Waterman about Mr. Conner's lotion usage. Nursing staff on a daily basis were letting Mr. Conner soak his feet and nursing staff were applying lotion to his feet. While nursing staff were applying lotion, Mr. Conner would expose himself to the female nursing staff. After consulting, the team decided that Mr. Conner could have the lotion in cell but if he abused the lotion (smearing it on his camera, walls, etc) that the lotions would be removed and he would not have access to the lotion unless it was doctor ordered. Mr. Conner was seen at cell front on Alpha unit. Mr. Conner would not talk with this clinician. The information that was gathered from the meeting was relayed to Mr. Conner but Mr. Conner would not engage in conversation.

DECISION

☐ Place in Observation ☒ Continue in Observation ☒ Close (15 Minute Checks) ☐ Constant (1:1 Observation)
☒ Document allowed property on DOC-112
☐ Release from Observation ☐ Document release on DOC-112 Date / Time of Release

REASON FOR DECISION / TREATMENT PLAN

Mr. Conner did not cooperate with being assessed today. As his risk of self-harm could not be assessed he will remain in observation status. He will also remain in observation status to help reduce his risk of self-harm and so staff can continue to closely monitor his behavior.

SIGNATURE OF PSU STAFF MEMBER 	PRINT NAME AND TITLE A. Mink, MAC Psychological Associate	DATE SIGNED 5-24-17
SUPERVISOR SIGNATURE (IF NEEDED) 	PRINT NAME AND TITLE Dr. S. Rubin-Asch, Psy. D Licensed Psychologist	DATE SIGNED 5/25/17

NOTICE TO OFFENDER:

You have the right to appeal your placement or continuation in observation to the Administrator of the Division of Adult Institutions when:

You are in observation status and have not been evaluated by a member of the psychological services staff or a physician within 2 working days, or you have been in observation for dangerousness to self for at least 30 days and wish to challenge the psychologist's written "Review of Dangerousness to Self" decision.

"Exhibit 33"

PLACEMENT / REVIEW OF OFFENDER MENTAL HEALTH OBSERVATION

Instructions: PSU staff complete this form for initial mental health placements and for reviews.

OFFENDER NAME Conner, Eric		DOC NUMBER 420475	FACILITY WSPF
SECURITY STAFF SUPERVISING PLACEMENT Lt. Scullion	PSU STAFF APPROVING PLACEMENT Dr. Hoem	DATE OF PLACEMENT 3-3-17	TIME OF PLACEMENT 9:00 AM
TYPE OF REVIEW <input type="checkbox"/> Initial Placement <input checked="" type="checkbox"/> Follow-up Review		REASON FOR PLACEMENT <input checked="" type="checkbox"/> Dangerous to Self <input type="checkbox"/> Mentally Ill and Dangerous to Self or Others	

DESCRIPTION OF OFFENDER BEHAVIOR THAT RESULTED IN INITIAL PLACEMENT

Please see initial DOC-27.

CURRENT MENTAL STATUS EVALUATION

DATE 4-4-17 TIME 11:04 AM

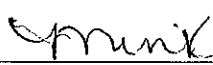
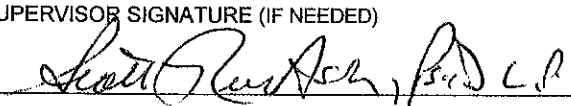
Mr. Conner was seen at cell front on Alpha unit. Mr. Conner was sitting on the edge of his bed facing the wall. Mr. Conner would not acknowledge this clinician. This clinician explained to Mr. Conner after consulting with the HSU staff, Ms. Waterman, and Dr. S. Rubin-Asch that he would be allowed to have his foot lotion in his cell. This clinician explained to Mr. Conner that the lotion should only be used for his feet and if he misuses the lotion than, the lotion would be restricted while he is in observation.

DECISION

☐ Place in Observation ☒ Continue in Observation ☒ Close (15 Minute Checks) ☐ Constant (1:1 Observation)
☐ Release from Observation ☒ Document allowed property on DOC-112
☐ Document release on DOC-112 Date / Time of Release

REASON FOR DECISION / TREATMENT PLAN

Mr. Conner did not cooperate with being assessed today. As his risk of self-harm could not be assessed he will remain in observation status. He will also remain in observation status to help reduce his risk of self-harm and so staff can continue to closely monitor his behavior.

SIGNATURE OF PSU STAFF MEMBER 	PRINT NAME AND TITLE A. Mink, MAC Psychological Associate	DATE SIGNED 4-4-17
SUPERVISOR SIGNATURE (IF NEEDED) 	PRINT NAME AND TITLE Dr. S. Rubin-Asch, Psy. D Licensed Psychologist	DATE SIGNED 4/11/17

NOTICE TO OFFENDER: You have the right to appeal your placement or continuation in observation to the Administrator of the Division of Adult Institutions when:

You are in observation status and have not been evaluated by a member of the psychological services staff or a physician within 2 working days, or you have been in observation for dangerousness to self for at least 30 days and wish to challenge the psychologist's written "Review of Dangerousness to Self" decision.

"Exhibit 34"

United States District Court For
Eastern District of Wisconsin.

Eric D. Conner,
Plaintiff-Respondent.

v.

Stacy L. Hoem,
Scott Rubin-Asch,
Angelica Mink,
Jolinda Waterman,
Sandy McArdle,
and Nathan Bethel,

Case No. 17-CV-948

"AFFIDAVIT"

Defendants.

"Affidavit" Of Zachary Hayes # 271739 In
Support Of Plaintiff's Claims and Exhibit -
Document.

I, Zachary Hayes, Pursuant to 28 U.S.C. §
1746 Under Penalty Of Perjury. State the fol-
lowing to be true:

- 1.)- I make this Affidavit based upon Personal
Knowledge, information, and belief.
- 2.)- At all times herein, I was Confined in the
Segregation Unit at WSPF- Alpha Unit in cell
405 on Disciplinary Separation Status during
the Months: March and April of 2017, while
Mr. Conner was on Clinical Observation Status
Cell 402.

x Zachary Hayes
Signature Of Affiant

"Exhibit # 35"
(Page 1 of 5)

Eastern District of Wisconsin

- 3.) - I was conversing with Conner everyday either through the Cells Ventilation System or over the range through the Cells doors. We converse about his Pain and Suffering, illicit Punishments, and retaliation by Hsu, PSU, and Security Staff at LOSPF.
- 4.) - PSU staff would try to Communicate with Mr. Conner Monday - Fridays every week. However, Mr. Conner would remain reticent with them all.
- 5.) - I was aware that Dr. Hoem denied Mr. Conner access to his medicated Creams and Lotion for coming back on Clinical Observation status, further placing a handwritten restriction stating such and placing it on his cell door. I saw this restriction on Conner's cell door every time I walked Pass his Cell.
- 6.) - I heard Conner asking Nurse Bethel as well as other Nurses during medication Passes for his Creams/Lotion; and complaining/informing them that he is in pain and suffering without them, however, they kept denying Conner and refused to issue immediate medical treatment/remedies.

x Zachary Hayer
Signature of Affiant
"Exhibit 35"
(Page 2 of 5)

Eastern District of Wisconsin

- 7.) - I overheard Conner conversing with the HSI Manager, Solinda Waterman at his cell-front, where he was complaining about his pain and suffering and discomfort with his medical conditions: skin, feet, and keloids. I heard Ms. Waterman tell Conner that she has been fully aware of his complaints, and suffering and that PSU has denied him access to his prescribed medicated creams and lotion.
- 8.) - I heard Mr. Conner tell Ms. Waterman to look at the condition of his keloids, skin, and feet. Ms. Waterman responded, "I can't do anything about it." She looked away from his cell.
- 9.) - I could hear as well as other inmates Mr. Conner moaning out in pain that he stated was constant throughout his feet and keloids.
- 10.) - I was aware that Mr. Conner is/hasn't showering/can't shower due to Dr. Hoem's restriction; restricting Conner access to his medicated skin lotion. I, and other inmates, DOC officials could smell the funk, stink coming through inmate Conner's observation cell door whenever I walk by.

X Zachary Hayer
Signature of Affiant

"Exhibit 35"
(Page 3 of 5)

Eastern District of Wisconsin

- 11.)- Several times in late March of 2017, I heard Dr. Scott Rubin-Asch at Conner's Observation Cell trying to get him to talk and when Conner wouldn't, Rubin-Asch would tell Conner; I know you are in pain and are suffering, and in need of your medicated Creams / Lotion, but the only way you will receive these Creams / Lotion is if you start talking to PSU staff.
- 12.)- I am the author of the written DOC-3035B Form: Psychological Service Request. (2 Pages) dated: April 4, 2017. Mr. Conner asked me to write Dr. Rubin-Asch a DOC-3035B Form on April 4, 2017, in which I did because he was unable to due to his Clinical Observation Status.
- 13.)- With Conner's Permission I wrote Dr. Rubin-Asch Complainings and informing him as Conner told me, of his Pain and Suffering. Wanting his Creams / Lotion, and a copy of Dr. Hoem's Handwritten Restriction dated March 3, 2017, about wanting / needing Orange (Crooks) Sandles among other things. The DOC-3035B Form may be hard for some to read so this (my) Affidavit Paragraphs 12 and 13, are in support of the DOC-3035B Form dated: April 4, 2017.

x Zachary Hayes
Signature of Affiant

"Exhibit ~~1~~" 35"
(Page 4 of 5)

Eastern District of Wisconsin

~~~~~


Pursuant To 28 U.S.C. § 1746, I  
Declare Under The Penalty Of  
Perjury The Following Is True And  
Correct. I am Competent To Testify  
To The Above.

Signature: Zachary Hayes

Dated This 18<sup>th</sup> day of December, 2017.

"Exhibit 35"  
(Page 5 of 5)

Zachary Hayes  
#271739  
W.S.P.F.  
P.O. Box 1000  
Boscobel, WI  
53805.

|                                                                                                                                                                                                         |                                                                                                                                                                        |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|  <div style="text-align: center;"> <b>DIVISION OF ADULT INSTITUTIONS</b><br/><br/> <b>POLICY AND PROCEDURES</b> </div> | <b>DAI Policy #:</b> 500.10.08                                                                                                                                         | <b>Page</b> 1 of 3                     |
|                                                                                                                                                                                                         | <b>Original Effective Date:</b><br>08/03/97                                                                                                                            | <b>New Effective Date:</b><br>09/08/14 |
|                                                                                                                                                                                                         | <b>Supersedes:</b> 500.10.08                                                                                                                                           | <b>Dated:</b> 06/20/11                 |
|                                                                                                                                                                                                         | <b>Administrator's Approval:</b> Cathy A. Jess, Administrator                                                                                                          |                                        |
|                                                                                                                                                                                                         | <b>Required Posting or Restricted:</b><br><input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted |                                        |
| <b>Chapter:</b> 500 Health Services                                                                                                                                                                     |                                                                                                                                                                        |                                        |
| <b>Subject:</b> Access to Care                                                                                                                                                                          |                                                                                                                                                                        |                                        |

**XPOLICY**

All Division of Adult Institution facilities shall ensure inmate patients have access to care to meet their serious medical, dental and mental health needs. All inmate patients shall have access to health care in a timely manner.

**REFERENCES**

National Commission on Correctional Health Care, Standards for Health Care in Prisons, P-A-01, 2014

**DEFINITIONS, ACRONYMS, AND FORMS**

BHS – Bureau of Health Services

HSU – Health Services Unit

RHA – Responsible Health Authority

*Exhibit 36*

**PROCEDURE****XI.****Access to Care**

A. Access to care means that in a timely manner, an inmate patient can:

1. Be seen by a qualified health professional.
2. Be given a professional clinical judgment.
3. Receive care that is ordered.

B. Inmate patients shall be notified, upon admission, of the process to request health care.

C. Unreasonable barriers to accessing health care shall be identified, avoided and eliminated. Examples of unreasonable barriers may include:

- X 1. Punishing inmates for seeking health care for their serious medical needs.
2. Assessing excessive copayments that prevent or deter inmate patients from seeking help for their serious health needs or assessing any fees for treatments arising from sexual abuse.
3. Deterring inmate patients from seeking care such as holding sick call at 2:00 AM when this practice is not reasonably related to the needs of the facility.
- X 4. Understaffed or poorly organized systems that result in the inability to deliver appropriate and timely care for patients to meet their serious health needs.

|                                     |                                     |                    |
|-------------------------------------|-------------------------------------|--------------------|
| <b>DAI Policy #:</b> 500.10.08      | <b>New Effective Date:</b> 09/08/14 | <b>Page</b> 2 of 3 |
| <b>Chapter:</b> 500 Health Services |                                     |                    |
| <b>Subject:</b> Access to Care      |                                     |                    |

X D. Security/custody or segregation shall not be a barrier in access to health care.

X E. The RHA shall:

1. Identify and eliminate any barriers to inmates receiving health care.
2. Implement quality improvement measures as needed related to access to care.


**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Cathy A. Jess, Administrator

Exhibit 36"

|                                                                                                                                                                                                         |                                                                                                                                                                            |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|  <div style="text-align: center;"> <b>DIVISION OF ADULT INSTITUTIONS</b><br/><br/> <b>POLICY AND PROCEDURES</b> </div> | <b>DAI Policy #:</b> 500.10.01                                                                                                                                             | <b>Page</b> 1 of 3                     |
|                                                                                                                                                                                                         | <b>Original Effective Date:</b><br>01/16/98; 03/01/01                                                                                                                      | <b>New Effective Date:</b><br>04/04/16 |
|                                                                                                                                                                                                         | <b>Supersedes:</b> 500.10.01                                                                                                                                               | <b>Dated:</b> 08/28/14                 |
|                                                                                                                                                                                                         | <b>Administrator's Approval:</b> Jim Schwochert,<br>Administrator                                                                                                          |                                        |
|                                                                                                                                                                                                         | <b>Required Posting or Restricted:</b><br><br><input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted |                                        |
| <b>Chapter:</b> 500 Health Services                                                                                                                                                                     |                                                                                                                                                                            |                                        |
| <b>Subject:</b> Medical Autonomy                                                                                                                                                                        |                                                                                                                                                                            |                                        |

**X POLICY**

All Division of Adult Institution facilities shall ensure clinical decisions and actions regarding health care provided to inmates to meet their serious medical needs are made for medical purposes and are the sole responsibility of qualified health care professionals.

**REFERENCES**

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2014 – P-A-03 Medical Autonomy

**DEFINITIONS, ACRONYMS, AND FORMS**

BHS – Bureau of Health Services

Custody staff – Includes line security as well as correctional administration.

DOC – Department of Corrections

**X** Health Care – The sum of all actions, preventative and therapeutic, taken for the physical and mental well-being of a population. Among other aspects, health care includes medical, dental, mental health, and dietetic services and environmental conditions.

Health Care Staff – All qualified health care professionals, administrative and support staff that are directly supervised by BHS or the Responsible Health Authority (RHA).

**X** Qualified Health Care Professional – Physicians, Psychiatrists, Dentists, Psychologists, Nurses, Nurse Practitioners, Physical Therapists, Psychiatric Social Workers and others who by virtue of their education, credentials, and experience are permitted by law and licensure to evaluate and care for patients.

**PROCEDURE****X I. Professional Autonomy**

- A. Qualified health care professionals shall have the autonomy to make clinical decisions regarding medically necessary health care provided to inmate patients.

"Exhibit 37"



|                                     |                                     |                    |
|-------------------------------------|-------------------------------------|--------------------|
| <b>DAI Policy #:</b> 500.10.01      | <b>New Effective Date:</b> 04/04/16 | <b>Page 2 of 3</b> |
| <b>Chapter:</b> 500 Health Services |                                     |                    |
| <b>Subject:</b> Medical Autonomy    |                                     |                    |

- B. Designated responsible staff, at both the facility and BHS level, is the final authority in decisions concerning the medical, dental, and mental health needs of inmate patients.
- C. Clinical decisions and their implementation are completed in an effective and safe manner, and in accordance with State regulations, DOC/BHS policies, protocols and professional standards.
- D. Administrative decisions such as utilization review are coordinated, if necessary, with the clinical needs so that inmate patient care is not jeopardized.
- E. Custody staff and other personnel support the implementation of clinical decisions.
- F. The delivery and implementation of health care is a joint effort of custody and health care staff. Collaboration between disciplines is encouraged to ensure the health and safety of the patient population.
- G. Issues and problems that arise related to medical autonomy shall be addressed at the facility level when possible. Unresolved issues or those broader in scope shall be addressed at the BHS level.
- H. Policy review and/or continuous quality improvement shall be utilized in addressing issues or problems which are perceived to impact professional and legal responsibilities or medical autonomy.
- I. Health care staff is subject to the same security regulations as other facility employees.


"Exhibit 37"

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

|                                                                                                                                                                                                         |                                                                                                                                                                            |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|  <div style="text-align: center;"> <b>DIVISION OF ADULT INSTITUTIONS</b><br/><br/> <b>POLICY AND PROCEDURES</b> </div> | <b>DAI Policy #:</b> 500.10.33                                                                                                                                             | <b>Page</b> 1 of 4                     |
|                                                                                                                                                                                                         | <b>Original Effective Date:</b><br>07/31/13                                                                                                                                | <b>New Effective Date:</b><br>10/08/14 |
|                                                                                                                                                                                                         | <b>Supersedes:</b> 500.10.33                                                                                                                                               | <b>Dated:</b> 07/31/13                 |
|                                                                                                                                                                                                         | <b>Administrator's Approval:</b> Cathy A. Jess,<br>Administrator                                                                                                           |                                        |
|                                                                                                                                                                                                         | <b>Required Posting or Restricted:</b><br><br><input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted |                                        |
| <b>Chapter:</b> 500 Health Services                                                                                                                                                                     |                                                                                                                                                                            |                                        |
| <b>Subject:</b> Inmate Patient Safety                                                                                                                                                                   |                                                                                                                                                                            |                                        |

## **X POLICY**

The Division of Adult Institutions shall promote inmate patient safety by implementing inmate patient safety systems to reduce and prevent adverse and near-miss clinical events. Inmate patient safety shall be addressed in a professional, non-punitive and supportive environment.

## **REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-B-02 – Patient Safety  
DAI Policy 500.80.16 – Medication Occurrence Reporting

## **DEFINITIONS, ACRONYMS, AND FORMS**

**X** Adverse Event – An injury or death caused by medical management rather than an inmate patient's underlying disease or condition.

BHS – Bureau of Health Services

CQI – Continuous quality improvement

DOC-3703 – Health Services Adverse and Near Miss Clinical Event Reporting Form

HSU – Health Services Unit

**X** Near-miss clinical event – A clinical error without an adverse inmate patient outcome.

Patient Safety Systems – Practice interventions in place designed to prevent adverse or near miss clinical events.

Responsible Health Authority (RHA) – Responsible for the facility's health care services; arranges for all levels of health care; and assures quality and assessable and timely health services for inmate patients.

*"Exhibit 38"*

## **PROCEDURE**

### **I. General Guidelines**

- A. The RHA shall proactively implement inmate patient safety systems to prevent adverse and near-miss clinical events.

|                                       |                                     |                           |
|---------------------------------------|-------------------------------------|---------------------------|
| <b>DAI Policy #:</b> 500.10.33        | <b>New Effective Date:</b> 10/08/14 | <b>Page</b> 2 <b>of</b> 4 |
| <b>Chapter:</b> 500 Health Services   |                                     |                           |
| <b>Subject:</b> Inmate Patient Safety |                                     |                           |

X B. The RHA shall implement an error reporting system for health staff to voluntarily report, in a non-punitive environment, errors that affect inmate patient safety.

*"Exhibit 38"*

X C. Health staff is encouraged to voluntarily report each adverse clinical event or near miss clinical event to the HSU Manager/designee utilizing DOC-3703 – Health Services Adverse and Near Miss Clinical Event Reporting Form.

D. HSU staff shall follow DAI Policy 500.80.16 for medication occurrences.

X E. The RHA/designee and/or Warden/designee has the authority to take immediate and appropriate action in the event of an emergency situation where there is a clear and present danger that poses a threat to life, a threat of personal injury or a threat of damage to property.

F. The RHA/designee is responsible for orienting staff to safety policies/procedures and education for job and task specific safety measures.

## II. **Reported Events**

A. Once an event is reported, the RHA/designee shall review the event to determine if:

1. Immediate action is required.
2. Additional inmate patient safety systems need to be considered for inmate patient safety.
3. The issue shall be forwarded to BHS for further review.
4. Further review is necessary based on evaluation of trends.
5. Concerns identified that go beyond the facility shall be communicated with the appropriate authorities.

B. The RHA/designee shall discuss trends and corrective action plans with the facility Warden/designee.

C. The RHA/designee shall determine whether the event shall be forwarded to the facility CQI Committee for consideration.


## III. **Measures to Promote Inmate Patient Safety**

A. Regular evaluations of the work environment for work practices and hazards is required to maintain safety management.

B. Identified risks and hazards shall be addressed immediately.

C. The RHA/designee is responsible to monitor the processes designed to correct identified problems.

D. The RHA/designee is responsible to assure employee sub-standard performance is corrected in a timely fashion to prevent further occurrences.

|                                                                                                                                                                                                         |                                                                                                                                                                        |                                        |
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|  <div style="text-align: center;"> <b>DIVISION OF ADULT INSTITUTIONS</b><br/><br/> <b>POLICY AND PROCEDURES</b> </div> | <b>DAI Policy #:</b> 500.30.18                                                                                                                                         | <b>Page</b> 1 of 5                     |
|                                                                                                                                                                                                         | <b>Original Effective Date:</b><br>05/01/04                                                                                                                            | <b>New Effective Date:</b><br>02/15/17 |
|                                                                                                                                                                                                         | <b>Supersedes:</b> 500.30.18                                                                                                                                           | <b>Dated:</b> 12/23/14                 |
|                                                                                                                                                                                                         | <b>Administrator's Approval:</b> Jim Schwochert, Administrator                                                                                                         |                                        |
|                                                                                                                                                                                                         | <b>Required Posting or Restricted:</b><br><input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted |                                        |
| <b>Chapter:</b> 500 Health Services                                                                                                                                                                     |                                                                                                                                                                        |                                        |
| <b>Subject:</b> Nursing Protocols                                                                                                                                                                       |                                                                                                                                                                        |                                        |

**POLICY**

All Division of Adult Institution facilities shall utilize approved Nursing Protocols. Nursing Protocols are written guidelines for Registered Nurses to use in assessing inmate patients, making clinical judgments about inmate patient health conditions and implementing a plan of care.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-E-11 – Nursing Assessment Protocols  
Wisconsin Administrative Code Ch. N 6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses  
DAI Policy 500.30.72 – Nursing Vital Signs Referral Parameters  
Lippincott Manual of Nursing Practice  
Lippincott Williams & Wilkins 10<sup>th</sup> Ed. Netina, S. M. (2014)  
Lippincott Williams & Wilkins (2013) Nursing Procedures, 6<sup>th</sup> Ed.  
Lippincott Williams & Wilkins (2015) Nursing Drug Handbook, 35<sup>th</sup> Ed.

**DEFINITIONS, ACRONYMS AND FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

DAI – Division of Adult Institutions

DOC – Department of Corrections

HSM – Health Service Manager

HSU – Health Services Unit

NC4 – Nurse Clinician 4

P&T – Pharmacy and Therapeutics

RN – Registered Nurse

SOAP – Subjective, objective, assessment and plan

Exhibit 39<sup>u</sup>



|                                     |                                     |                    |
|-------------------------------------|-------------------------------------|--------------------|
| <b>DAI Policy #:</b> 500.30.18      | <b>New Effective Date:</b> 02/15/17 | <b>Page 2 of 5</b> |
| <b>Chapter:</b> 500 Health Services |                                     |                    |
| <b>Subject:</b> Nursing Protocols   |                                     |                    |

"Exhibit 39"

## PROCEDURE

### I. Overview

- A. Nurses shall practice within their licensure, training, experience and level of competence.
- B. Nursing protocols serve as a guide to the nurse's assessment and subsequent actions, and do not substitute for the nurse's clinical judgment.
  - 1. Nursing protocols shall not restrict the nurses' assessment of the inmate patient.
  - 2. The nurse shall be capable of critical thinking and drawing on current evidence based practice knowledge to determine if different or additional information is needed.
- C. Nursing protocols may address a wide range of health concerns; however, each inmate patient issue shall be assessed and evaluated specifically to the inmate patient concern, inmate patient's health history and presentation. The nurse shall consider the least possible health issue to the most complex and serious concerning assessment of the inmate patient.
- D. The nurse is expected to utilize clinical judgment, evidenced based practice, and current research in assessment, planning, intervention, and evaluation.
  - 1. The nurse shall determine the most appropriate nursing protocol based on the inmate patient's presentation and assessment.
  - 2. It is possible that no or more than one nursing protocol exists to meet an inmate patient's needs.
- E. Collaboration between nurses and ACPs is expected as it relates to care and treatment of inmate patients.
- F. Each protocol shall contain a definition of the problem and its potential causes, the clinical features most commonly associated with the condition, the nursing assessments, nursing diagnosis, and nursing interventions, utilizing the nursing process and shall include, referrals, follow up care, and inmate patient education and instructions.
- G. Nursing protocols are developed and reviewed by the nursing protocol committee and receive a final review and approval from the Director of Nursing and the Medical Director.
- H. The use of prescription medications shall not be used in nursing protocols, except for those covering emergency life-threatening situations. Emergency administration of these medications requires a subsequent ACP order.

### II. Orientation, Education, and Training

- A. Nurses shall be trained and demonstrate competency in the sick call process and the proper use of nursing protocols.

|                                     |                                     |                    |
|-------------------------------------|-------------------------------------|--------------------|
| <b>DAI Policy #:</b> 500.30.18      | <b>New Effective Date:</b> 02/15/17 | <b>Page</b> 3 of 5 |
| <b>Chapter:</b> 500 Health Services |                                     |                    |
| <b>Subject:</b> Nursing Protocols   |                                     |                    |

- X B. The HSM shall establish a system of validating and documenting nurse competency.

"Exhibit 40"

### III. Use of Nursing Protocols

- X A. Protocols shall be available to nurses and shall serve as guidelines. They do not substitute for clinical judgment during health encounters.
1. The RN is expected to utilize sound clinical judgment, evidenced based practice, and current nursing research in delivering care.
  2. Protocols shall be utilized to assist the nurse, and shall not limit the nurse's clinical assessment, resources, or clinical judgment.
  3. Professional clinical judgment determines what information needs to be collected as part of the nursing assessment and in the development of the plan of care.
- X B. Nursing protocols use shall include an inmate patient face-to-face assessment, unless the nurse is on call. The on-call nurse shall speak directly to the inmate patient and utilize nursing protocols in addition to their nursing clinical judgment.
- C. Nursing assessments shall include a complete set of vital signs.
- X D. When an on-call nurse uses the nursing protocol they are required to make a clinical judgment as to whether the inmate patient needs on-site evaluation, or immediate evaluation off-site.
- X E. Documentation of the nursing process shall include assessment, nursing diagnoses, outcome/planning, implementation, patient education, evaluation and nursing protocols utilized.

### IV. Development and Review of Nursing Protocols for the Bureau

- A. Existing Nursing Protocols are reviewed annually to determine continuing need or modification.
- B. The Nursing Protocol Committee shall receive recommendations for new protocols or revision to existing protocols from clinical staff.
- C. The Director of Nursing and Medical Director shall review Protocol requests and approve or reject the development of Nursing Protocols.
- D. Nursing protocol development shall be consistent with the National Commission on Correctional Health Care Standards, current ANA Correctional Standards of Care, and in alignment with the Wisconsin Department of Safety and Professional Services. They shall adhere to the community standards and evidence based practice.
- E. Nursing Protocols that contain medications will require additional approval by the P&T Committee or its sub-committee.

|                                     |                                     |                    |
|-------------------------------------|-------------------------------------|--------------------|
| <b>DAI Policy #:</b> 500.30.18      | <b>New Effective Date:</b> 02/15/17 | <b>Page</b> 4 of 5 |
| <b>Chapter:</b> 500 Health Services |                                     |                    |
| <b>Subject:</b> Nursing Protocols   |                                     |                    |

F. Members of the Nursing Protocol Committee shall be made up of at least one nursing coordinator, nurse educator, nurse clinician, HSMs and a pharmacist.

G. The Director of Nursing shall appoint a Nursing Coordinator from the Bureau of Health Services to serve as a clinical resource and consultant to the Chair(s) of the Nursing Protocol Committee.

H. The Director of Nursing and Medical Director shall serve as consultants to the Nursing Protocol Committee.

X I. Annually, the facility ACP and HSM shall have a signed declaration indicating their acknowledgement and review of approved protocols.

f J. The HSM of the HSUs shall ensure RNs are oriented to and demonstrate competency in the use of the nursing protocols in their facilities. In the Wisconsin Correctional Center System, the assigned Health Services Nursing Coordinator shall designate responsibility for review to the NC4.

1. The HSM/NC4 shall maintain a record of all RN orientation, training compliance and competency and annual review.
2. All new or revised nursing protocols shall be reviewed at staff meetings with RNs.
3. The HSM/NC4 shall ensure evidence of education on new protocols, retraining where competency enhancement is necessary, and when protocols are revised.

K. Health Services Nursing Coordinators have responsibility for ensuring compliance with education and training by HSMs/NC4s.

"EXHIBIT 40"

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

United States District Court For  
Eastern District Of Wisconsin

DECLARATION

"Exhibit #41"

I, Officer Rudie, declare under the Penalty  
Of Perjury the Following to the best of my Knowledge:

- (1)- I was working as an Officer, 3rd Shift, in the Segregation building, Alpha Unit, between the months of March and April 2017, at Wisconsin Secure Program Facility (WSPF).
- (2)- Mr. Conner was on Clinical Observation Status during these months of March and April 2017.
- (3)- Mr. Conner complained multiple times to me, as well as other officers that PSU refuse to issue him a "High Security Blanket", Soap, Washcloth, and Dental Care Products, as well as his medicated creams / Lotion.
- (4)- Mr. Conner further complained to me and several DOC WSPF officials during these 2 months about being extremely cold; due to not having a blanket and the coldness of the observation cells on Alpha Unit. Mr. Conner further complained to me that he is unable to sleep because of this. I could see Mr. Conner several times shivering, for he only has a sleeve smock on.

Signature: Tyler Rudie

(1) of (2) 12-10-17



(5) - I Observed not ONLY Mr. Conner Shivering because of the coldness of the observation cells, but I seen that he had cuts on the bottom of his feet that were bleeding; as well as his Keloids on the back of his head that he showed me. Mr. Conner complained that he was in pain, suffering, and experiencing extreme discomfort due to not having a blanket, Dental Care Products, access to his medicated Creams and Lotion. The Pain Mr. Conner was experiencing was very obvious.

(6) - I am aware that the Clinical Observational Cells on Alpha Unit, especially during the winter months are extremely cold; by other inmates who complained other than Mr. Conner. Mr. Conner also complained to me and other DOC WSPF white shirts that he is unable to Shower and hasn't Shower because PSU staff has denied him his medicated Lotion for his skin along with soap and washcloth. While talking to Mr. Conner several times I can actually smell the funk coming through his cell door.

(7) - I heard and observed various DOC WSPF officials: Officers, Sgt.s, Lt.s, and Capt.s, talk about the reason Mr. Conner was being denied his medicated Creams/Lotion having his Blanket, Soap, Washcloth, Dental Products withheld and/or denied; was because Mr. Conner came back on clinical observation status so soon and because Mr. Conner has not been talking to PSU staff since his March 3, 2017, clinical observation placement; and not because the SPS-1000, attempted suicide behavior while on clinical observation status. They, DOC officials, thought by depriving corner of various things, he will start talking to PSU staff.

Pursuant to 28 U.S.C. 1746, I declare under the Penalty of Perjury the following is true and correct. The declarant is competent to testify on the matters stated.

Signature: Tyler Nudi

Dated this 10 day of December, 2017

WSPF-DOC OFFICIAL  
101 Morrison Drive  
PO Box 9900  
Boscobel, WI 53805

"Exhibit ~~3~~ 41"

## Acne Keloidalis Nuchae

• Author: Elizabeth K Satter, MD, MPH; Chief Editor: William D James, MD more...

Updated: Jun 17, 2014

"Exhibit 42"

### Background

Acne keloidalis nuchae (AKN) is a condition characterized by follicular-based papules and pustules that form hypertrophic or keloid-like scars. AKN typically occurs on the occipital scalp and posterior neck and develops almost exclusively in young, African-American men.<sup>[1]</sup> The term acne keloidalis nuchae is somewhat of a misnomer because the lesions do not occur as a result of acne vulgaris, but rather a folliculitis. Moreover, histologically lesions are not keloidal.<sup>[2]</sup>

Acne keloidalis nuchae was first recognized as a discrete entity in the late 1800s. Hebra was the first to describe and document this condition in 1860, under the name sycosis framboesiformis. Subsequently in 1869, Kaposi described this same condition as dermatitis papillaris capillitii.<sup>[3]</sup> The term acne keloidalis was then given to this condition in 1872 by Bazin, and, since that time, this is the name most often used in the literature.<sup>[2]</sup>

Lesions initially manifest as mildly pruritic follicular-based papules and pustules on the nape of the neck. Chronic folliculitis ultimately leads to development of keloid-like plaques. AKN develops in hair bearing skin areas, and broken hair shafts, tufted hairs, and ingrown hairs can be identified within and at the margins of the plaques themselves. Lesions can grow over time and become disfiguring and painful. In advanced cases, abscesses and sinus tracts with purulent discharge may develop. Unlike true acne vulgaris, comedones are not a common feature of AKN.

### Pathophysiology

The exact etiology of AKN is unclear. It is thought that chronic irritation from coarse, curly hairs in the skin leads to inflammation and development of these lesions. This hypothesis is supported by the fact that close shaving and chronic rubbing of the area by clothing or athletic gear make AKN worse. In a study of 453 high school, college, and professional American football players, 13.6% of African American athletes had acne keloidalis nuchae, as opposed to none of the Caucasian athletes.<sup>[4]</sup> It has also been shown that men who have haircuts more frequently than once a month are at higher risk of developing acne keloidalis nuchae.<sup>[5]</sup>

Pseudofolliculitis barbae (PFB) is a similar condition that occurs commonly in African Americans. In PFB, it has been proposed that close shaving of coarse, curved hairs facilitates the reentry of the free end of the hair into the skin, which then invokes an acute inflammatory response.

While ingrowing hairs may account for small papules, they do not sufficiently explain the progressive scarring alopecia that occurs in some patients. These patients with scarring alopecia often exhibit recurrent crops of small pustules and may have a condition akin to folliculitis decalvans. Chronic low-grade bacterial infection, autoimmunity, and some types of medication (eg, cyclosporine, diphenylhydantoin, carbamazepine) have also been implicated in the pathogenesis in some patients.<sup>[6, 7]</sup>

Sperling et al classify acne keloidalis nuchae as a primary form of inflammatory scarring alopecia and suggest that overgrowth of microorganisms does not play an essential role in the pathogenesis of AKN. They also found no association between pseudofolliculitis barbae and acne keloidalis nuchae.<sup>[8]</sup>

After extensive histological and ultrastructural studies of AKN lesions, Herzberg et al proposed that a series of events must happen in order for acne keloidalis nuchae to occur, namely the following<sup>[9]</sup>:

- The initial process begins as acute perifollicular inflammation followed by weakening of the follicular wall at the level of the lower infundibulum, the isthmus, or both.
- The naked hair shaft is then released into the surrounding dermis, which acts as a foreign body and incites further acute and chronic granulomatous inflammation. This process is clinically manifested by small follicular-based papules and pustules.
- Subsequently, fibroblasts deposit new collagen and fibrosis ensues.
- Distortion and occlusion of the follicular lumen by the fibrosis results in retention of the hair shaft in the inferior aspect of the follicle, thereby perpetuating the granulomatous inflammation and scarring. This stage is marked by plaques of hypertrophic scar.

### Epidemiology

#### Frequency

##### United States

Acne keloidalis nuchae is said to represent 0.45% of all dermatoses affecting black persons.<sup>[10]</sup>

#### Mortality/Morbidity

The plaques of acne keloidalis nuchae slowly expand over time, and, although medically benign, acne keloidalis nuchae can be a psychologically devastating condition. Chronic pruritus and drainage may occur, and, ultimately, scarring alopecia may ensue.

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<http://emedicine.medscape.com/article/1072149-overview>

3/10/2015

**Race**

Acne keloidalis nuchae is most prevalent in African Americans; however, it has occasionally been reported in Hispanics and Asians, and, rarely, in whites.

**Sex**

Although early literature inferred that acne keloidalis nuchae only affects males, it is now known to occur in females, with a male-to-female ratio of approximately 20:1.<sup>[11]</sup>

**Age**

Most cases occur in persons aged 14-25 years. Lesions manifesting prior to puberty or in persons older than 50 years is unusual.<sup>[9]</sup>

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